



**State of New Jersey**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
 DIVISION OF HAZARDOUS WASTE MANAGEMENT  
 CN 028  
 Trenton, N.J. 08625-0028  
 (609) 633-1408  
 Fax # (609) 633-1454

Laura J. Livingston, Chief  
 USEPA, Region II  
 26 Federal Plaza  
 New York, New York 10278

April 12, 1991

✓ C303=1  
 ✓ C1101=8  
 ✓ CMT  
 Dga 6/12/91

Dear Ms. Livingston:

Enclosed is a copy of a letter from Quanex Corp. Atlantic Tube  
 requesting the following information changes(s):

1. Company Name \_\_\_\_\_
2. Corporate Name/Ownership \_\_\_\_\_
3. Company Contact \_\_\_\_\_
4. EPA ID Number \_\_\_\_\_
5. Notification Status to: TSD \_\_\_\_\_  
 Transporter \_\_\_\_\_  
 Generator \_\_\_\_\_  
 Non-Handler X \_\_\_\_\_  
 S.Q. Generator \_\_\_\_\_
6. Generator/Company Closure \_\_\_\_\_  
 DELIST EPA ID. NO NJD000544510 AS PER NJDEP
7. Other INSPECTION REPORT RECOMMENDATIONS (SEE ATTACHED)

Please make the indicated changes to your RCRA mailing address file. Your attention in this matter would be greatly appreciated.

Sincerely,

*Ferd Scaccetti*

Ferd Scaccetti,  
 Bureau of Manifest & Information Systems

CB:dag  
 Enclosure



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF HAZARDOUS WASTE MANAGEMENT

12-00-05

DELISTING INSPECTION REPORT

FACILITY INFORMATION

Name: QUANEX CORP. - ATLANTIC TUBE  
Address: 20 HARMICH RD  
SOUTH PLAINFIELD NJ. 07080  
Lot: 13 Block: 255  
County: MIDDLESEX  
Phone: (800) 521-8416  
EPA ID No.: NJD 000544510  
Date of Inspection: MARCH 26, 1991

PARTICIPATING PERSONNEL

State or EPA Personnel: DOUGLAS GREENFIELD  
\_\_\_\_\_  
Facility Personnel: —  
\_\_\_\_\_  
\_\_\_\_\_

Report Prepared by: DOUGLAS GREENFIELD  
Bureau: DHWM / CBFO  
Telephone No.: (609) 584-4150  
Reviewed by: JH  
Date of Review: 3/30/91

## SUMMARY OF FINDINGS

### FACILITY DESCRIPTION AND PRESENT OPERATIONS:

The facility consists of 2 buildings, the first is over 100,000 sq. ft. with an office at one end and the second is about 60,000 sq. ft. The first building housed the tube drawing operations and the second was used as a warehouse. The operation of rerawing standard size tubing to specified dimensions of customers. Only Carbon steel and low alloy steel tubing was processed.

At the present time Quarex Corporation has sub-leased the 100,000 sq. ft. building to Channels Home Center, Inc. for warehousing of building material. The office area is unoccupied. The second building is vacant and for rent.

### DESCRIBE THE ACTIVITIES THAT FORMERLY RESULTED IN THE GENERATION OF HAZARDOUS WASTES:

During the tube drawing operation, the tube is first cleaned with sulfuric acid to remove scale. Also in the process the tubes are rinsed and pick in a caustic bath. The hazardous waste was generated from these baths as spent acid (K062) and spent caustic (D002). Also acid sludge (K062) was generated when the acid tanks were cleaned.

M E M O R A N D U M

To: John Skoviak, Section Chief  
Program Oversight Tracking and Reporting

From: Ferd Scaccetti, Supv. Environmental Specialist  
Bureau of Manifest and Information Systems

Subject: Delisting Petition - Inspection Referral

Date: January 14, 1991

Enclosed please find:

1. A photocopy of a letter from

Quanex Corporation - Atlantic Tube  
20 Harmich Rd  
South Plainfield, NJ 07080

requesting delisting as a generator of their EPA  
identification number NJD000544510

2. A manifest report listing all manifests generated  
by this company from 1987 to the present in date  
order. If no report is attached it means that the  
company has had no manifest activity during this  
time period.

Please investigate the validity of this delisting request  
and make the appropriate recommendations.

If you should have any questions or require any additional  
information, please contact me at 3-1394.



SUMMARY OF FINDINGS

IDENTIFY HAZARDOUS WASTES STILL REMAINING AT THE SITE: \_\_\_\_\_

None

HOW HAVE THESE ACTIVITIES CHANGED SO AS TO JUSTIFY  
DELISTING THE COMPANY: \_\_\_\_\_

The company ceased operations and remove  
all equipment. Received a negative declaration  
thru ECRA dated 5-16-88. During cleanup  
removed 150 CY's of H.W soil and removed 4 UGST  
The cost of cleanup was \$286,000.

NOTE: COPIES OF COMPANY RECORDS WHICH SUPPORT COMPANY'S  
REQUEST FOR DELISTING SHOULD BE ATTACHED.

CONCLUSION: SHOULD THE GENERATOR'S REQUEST FOR DELISTING  
BE GRANTED?

✓

YES

NO

IF NO, EXPLAIN: \_\_\_\_\_

Quanex Corporation  
Tube Group  
17177 N. Laurel Park Dr.  
Suite 307  
Livonia, MI 48152

(313) 591-2211  
(800) 521-8416



Tube  
Group

August 20, 1990

Mr. C. Baldeo, Section Chief  
New Jersey Department of Environmental Protection  
Division of Hazardous Waste Management  
Bureau of Manifest & Information Systems  
401 E. State Street, 5th Floor  
CN 028  
Trenton, New Jersey 08625

Dear Mr. Baldeo:

I called your office today in response to your letter of August 16, 1990 (copy attached). A member of your staff confirmed that you have already received the Annual Report for 1989 from Quanex Corporation - Atlantic Tube Division since June 1990. In fact, it was sent through our consultant Dan Raviv Associates (see enclosed). I fail to understand the reasons for the Notice of Violation.

Please correct your records to indicate the fact that the report has been received and that Quanex Corporation is not in Violation of Solid Waste Management Act, N.J.S.A. 13:1E-1 et seq. and the related regulations. It is requested that you sign the enclosed letter and return to us in the self-addressed stamped envelope provided herewith so that we have evidence that the subject report was received by your office.

Also, we are awaiting confirmation of our request to remove Quanex Corporation from the active list of waste generators because Quanex - Atlantic Tube Division ceased operations since January 1987 and the ECRA clean-up was completed as of April 27, 1989. Please confirm that you have removed our name from the active list of waste generators in the State of New Jersey.

If you have any questions, please feel free to call me at 1-800-521-8416, Ext. 44. Your cooperation is greatly appreciated.

Sincerely,

  
Viren M. Parikh  
Group Controller

VMP:ld

Enclosures (2)

NJD 000544510

ECRA CASE # 87034

20 Harmich Rd  
So. Plainfield, 07080

000544510

Quanex Corporation  
20 Harmich Road  
South Plainfield, N.J. 07080  
(201) 561-6000



Atlantic  
Tube Division

1/26/84

RECEIVED  
JAN 31 3 12 PM '84  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, 10004

R22  
United States Enviromental Protection Agency  
Region II  
26 Federal Plaza  
New York, New York 10278

Gentlemen:

Attached please find our Annual Report (1983) for the  
disposal of our chemicals.

Very truly yours,

QUANEX  
ATLANTIC TUBE DIVISION

A handwritten signature in blue ink that reads 'George C. Schafer'.

George C. Schafer  
Purchasing Agent

GCS/jf  
Attachment

U.S. ENVIRONMENTAL PROTECTION AGENCY  
HAZARDOUS WASTE REPORT

## I. TYPE OF HAZARDOUS WASTE REPORT

## PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC. 31, 1983

## PART B: FACILITY ANNUAL REPORT

THIS REPORT FOR YEAR ENDING DEC. 31, 19

## PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE  
RECEIVED (day, mo., & yr.)QUANEX, ATLANTIC TUBE DIV.  
20 HARMICH ROAD  
SOUTH PLAINFIELD, NEW JERSEY 07080

INSTRUCTIONS: You may have received a preprinted label attached to the front of this pamphlet; affix it in the designated space above—left, if any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Sections II, III, and IV below blank. If you did not receive a preprinted label, complete all sections. "Installation" means a single site where hazardous waste is generated, treated, stored, or disposed of. Please refer to the specific instructions for generators or facilities before completing this form. The information requested herein is required by law (Section 3002/3004 of the Resource Conservation and Recovery Act).

## II. INSTALLATION'S EPA I.D. NUMBER

F N J D 0 0 0 5 4 4 5 1 0 1

## III. NAME OF INSTALLATION

QUANEX ATLANTIC TUBE DIVISION

## IV. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

320 HARMICH ROAD

CITY OR TOWN

SOUTH PLAINFIELD

ST.

ZIP CODE

NJ 07080

## V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

320 HARMICH ROAD

CITY OR TOWN

SOUTH PLAINFIELD

ST.

ZIP CODE

NJ 07080

## VI. INSTALLATION CONTACT

NAME (last and first)

SCHAFER GEORGE C

PHONE NO. (area code &amp; no.)

201-561-6000

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.

NJD-065788556

PAD-064375470

NYD-046765574

NJD-060784493

## VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)

## A. COST ESTIMATE FOR FACILITY CLOSURE

\$

16 - 18, 19 - 21, 22 - 24

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND  
MAINTENANCE (disposal facilities only)

\$

25 - 27, 28 - 30, 31 - 33

## IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

GEORGE C. SCHAFER

A. PRINT OR TYPE NAME

George C. Schafer

B. SIGNATURE

1/26/84

C. DATE SIGNED



Please print or type with ELITE type (12 characters/inch).

GSA No. 12345-XX

Form Approved OMB No. 158-R00XX

U.S. ENVIRONMENTAL PROTECTION AGENCY  
GENERATOR ANNUAL REPORT - PART A  
(Collected under the authority of Section 3002 of RCRA.)FOR OFFICIAL  
USE ONLY  
(Items 1 and 2)

1. DATE RECEIVED

- - - 1 9

X. GENERATOR'S EPA I.D. NO.

2. TYPE OF REPORT

GMJDD000544510

XI. FACILITY'S EPA I.D. NO.

NJDD064981988

XIII. FACILITY ADDRESS (street or P.O. box, city, state, &amp; zip code)

472 FRELINGHUYSEN AVENUE  
NEWARK, N.J. 07114

XII. FACILITY NAME (specify)

B+L OIL CORP.

## XIV. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HA- ZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)												D. AMOUNT OF WASTE	E. UNIT OF MEASURE (enter code)
			28	29	30	31	32	33	34	35	36	37	38	39		
1	WASTE OIL + WATER - NOS	07													3276	P
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

XV. COMMENTS (enter information by line number - see instructions)

NOTE: WASTE OIL - INCINERATION  
WATER - NEUTRALIZATION

Please print or type with ELITE type (12 characters/inch).

GSA No. 12345-XX

Form Approved OMB No. 158-R00XX

U.S. ENVIRONMENTAL PROTECTION AGENCY  
GENERATOR ANNUAL REPORT - PART A  
(Collected under the authority of Section 3002 of RCRA.)FOR OFFICIAL  
USE ONLY  
(Items 1 and 2)

1. DATE RECEIVED

- 1 9

X. GENERATOR'S EPA I.D. NO.

GMJD000544510

2. TYPE OF REPORT

XI. FACILITY'S EPA I.D. NO.

PAD064375470

XIII. FACILITY ADDRESS (street or P.O. box, city, state, &amp; zip code)

W. 11TH & VALLEY ROAD  
COATESVILLE, PA. 19320

XII. FACILITY NAME (specify)

DELAWARE CONTAINER CO. INC.

XIV. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HA- ZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (if not cubic feet)
1	WASTE OIL + WATER - NOS	07	X726	31200	P
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

XV. COMMENTS (enter information by line number - see instructions)

NOTE: WASTE OIL - INCINERATION  
WATER - NEUTRALIZATION

Please print or type with ELITE type (12 characters/inch).

GSA No. 12345-XX  
Form Approved OMB No. 158-R00XXU.S. ENVIRONMENTAL PROTECTION AGENCY  
GENERATOR ANNUAL REPORT - PART A  
(Collected under the authority of Section 3002 of RCRA.)

FOR OFFICIAL USE ONLY (Items 1 and 2)	1. DATE RECEIVED	-	-	1	9	X. GENERATOR'S EPA I.D. NO.															
	2. TYPE OF REPORT					G	N	J	D	0	0	0	5	4	4	5	1	0	7	A	C

XI. FACILITY'S EPA I.D. NO.	P	A	D	0	6	4	3	7	5	4	7	0								
XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)	W. 11TH + VALLEY ROAD COATESVILLE, PA. 19320																			
XII. FACILITY NAME (specify)	DELAWARE CONTAINER CO. INC.																			

LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HA- ZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	UNIT OF MEASURE (enter code)	
1	IRON PHOSPHATE	09	D000	37050	P	
2	RUST PREVENTITIVE OIL	07	D001	8550	P	
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

XV. COMMENTS (enter information by line number - see instructions)

NOTE: ALL SOLID MATERIAL IN 55 GAL. DOT-17H DRUMS.

NOTE: - LINE 1 - SURFACE IMPOUNDMENT (TO BE CLOSED AS LANDFILL)  
LINE 2 - INCINERATION



Please print or type with ELITE type (12 characters/inch).

GSA No. 12345-XX  
Form Approved OMB No. 158-R00XXU.S. ENVIRONMENTAL PROTECTION AGENCY  
GENERATOR ANNUAL REPORT - PART A  
(Collected under the authority of Section 3002 of RCRA.)FOR OFFICIAL  
USE ONLY  
(Items 1 and 2)

1. DATE RECEIVED

- - - 19

X. GENERATOR'S EPA I.D. NO.

G W J D 0 0 0 5 4 4 5 1 0

2. TYPE OF REPORT

XI. FACILITY'S EPA I.D. NO.

N J D 0 0 2 3 8 5 7 3 0

XIII. FACILITY ADDRESS (street or P.O. box, city, state, &amp; zip code)

CHAMBERS WORKS  
DEEPWATER, N.J. 08023

XII. FACILITY NAME (specify)

DUPONT WASTEWATER  
TREATMENT SERVICE

XIV. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HA- ZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (enter code)
1	SPENT CAUSTIC LIQUID, NOS	09	D 0 0 2	388220	P
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

XV. COMMENTS (enter information by line number - see instructions)

NOTE: ABOVE MATERIAL NEUTRALIZED

Please print or type with ELITE type (12 characters/inch).

GSA No. 12345-XX

Form Approved OMB No. 158-R00XX

U.S. ENVIRONMENTAL PROTECTION AGENCY  
GENERATOR ANNUAL REPORT - PART A  
(Collected under the authority of Section 3002 of RCRA.)

FOR OFFICIAL USE ONLY (Items 1 and 2)	1. DATE RECEIVED	-	-	1	9	X. GENERATOR'S EPA I.D. NO.													
	2. TYPE OF REPORT					G	N	J	D	0	0	0	5	4	5	1	0	7A	C
XI. FACILITY'S EPA I.D. NO.		NJD0002385730																	
XII. FACILITY NAME (specify)		CHAMBERS WORKS DEEPWATER, N.J. 08023																	
XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)																			
XIV. WASTE IDENTIFICATION																			

LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HA- ZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (enter code)
1	SPENT SULPHURIC ACID	01	K062	1144000	P
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

XV. COMMENTS (enter information by line number - see instructions)

NOTE: ABOVE MATERIAL NEUTRALIZED

Please print or type with ELITE type (12 characters/inch).

GSA No. 12345-XX

Form Approved OMB No. 158-R00XX

U.S. ENVIRONMENTAL PROTECTION AGENCY  
GENERATOR ANNUAL REPORT - PART A  
(Collected under the authority of Section 3002 of RCRA.)

FOR OFFICIAL USE ONLY (Items 1 and 2)	1. DATE RECEIVED	-	-	1	9	X. GENERATOR'S EPA I.D. NO.
	2. TYPE OF REPORT					GNJD000544510

XI. FACILITY'S EPA I.D. NO.

SCD070375985

XIII. FACILITY ADDRESS (street or P.O. box, city, state, &amp; zip code)

Rte. #1, Box 55

PINEWOOD, SOUTH CAROLINA, 29125

XII. FACILITY NAME (specify)

SCA CHEMICAL SERVICES

XIV. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HA- ZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (kg or cubic)
1	IRON PHOSPHATE, NOS	09	D000	52900	P
2	SODIUM STERATE SOAP, NOS	09	D000	7500	P
3	CAUSTIC CAKE	09	D002	19200	P
4					
5					
6					
7					
8					
9					
10					
11					
12					

XV. COMMENTS (enter information by line number - see instructions)

NOTE: ALL SOLID MATERIAL IN 55 GAL. DOT-17H DRUMS

NOTE: ALL ABOVE ITEMS SURFACE IN AROUNDMENT. (TO BE CLOSED AS  
LANDFILL)

Please print or type with ELITE type (12 characters/inch).

GSA No. 12345-XX  
Form Approved OMB No. 158-R00XXU.S. ENVIRONMENTAL PROTECTION AGENCY  
GENERATOR ANNUAL REPORT - PART A  
(Collected under the authority of Section 3002 of RCRA.)FOR OFFICIAL  
USE ONLY  
(Items 1 and 2)

1. DATE RECEIVED

- 1 9

X. GENERATOR'S EPA I.D. NO.

GNJD000544510

7A C  
1

2. TYPE OF REPORT

XI. FACILITY'S EPA I.D. NO.

NJDO89216790

XIII. FACILITY ADDRESS (street or P.O. box, city, state, &amp; zip code)

100 LISTER AVE.  
NEWARK, N.J. 07105

XII. FACILITY NAME (specify)

SCA CHEMICAL SERVICE

XIV. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HA- ZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (enter code)
1	SPENT SULPHURIC ACID	01	K062	1144000	P
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

XV. COMMENTS (enter information by line number - see instructions)

NOTE: ABOVE MATERIAL NEUTRALIZED.

John  
this company appears to  
be a small general  
Bob [signature]

DEC 10 4 01 PM '82  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007



Quanex Corporation  
20 Harmich Road  
South Plainfield, N.J. 07080  
(201) 561-6000



Atlantic  
Tube Division

PAB

June 21, 1982

Mr. Kenneth S. Stoller, P.E.  
Acting Director, Air & Water Management Div.  
United States Environmental Protection Agency  
Region II  
26 Federal Plaza  
New York, New York 10278

Re: EPA I.D.#NJD-000544510

Dear Mr. Stoller;

With reference to your form letter re: "Financial and Liability Requirements for Hazardous Waste Treatment, Storage and Disposal Facilities" received on this date, we are listed as an owner or operator of such a facility.

I believe that an error has been made in our listing in as much as we are actually a steel production plant and a small generator. For your information we store our waste products in approved containers only until we have a truck load (40,000 lbs.), at which time we have SCA Chemical Services remove, transport and dispose of the waste products according to all Federal and State regulations.

Therefore, I believe that as a small generator we are exempt from filing the financial and liability requirements requested in your letter.

I am also applying to Dr. Richard Baker, Chief of Permits Administration Branch to amend our application to read "Small Generator".

If you require further information, please contact me at (201) 561-6000 - Extension 287.

Sincerely yours,

*George C. Schafer*  
George C. Schafer,  
Purchasing Agent

GCS/mmng

NEW YORK, N.Y.  
REGION II  
U.S. ENVIRONMENTAL  
PROTECTION AGENCY  
JUN 22 10 38 AM '82  
AIR & WASTE MANAGEMENT  
DIVISION

NEW YORK, N.Y. 10007  
ENVIRONMENTAL  
PROTECTION AGENCY  
JUL 22 11 09 AM '82  
PAB

*Regina*  
*John*  
*Bob, let's*  
*let's not have to*  
*handle the man*  
*problem*  
*like this*  
*not*  
*Joel*  
*3*

*delete*  
*C119, C1105*  
*date*  
*C303-2*  
*9H*  
*Huang*  
*12/15/82*



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

NJ0000544510

I. NAME OF INSTALLATION

QUANEX ATLANTIC TUBE DIVISION  
~~ATLANTIC TUBE COMPANY~~

II. INSTALLATION MAILING ADDRESS

20 HARMICH ROAD  
50 PLAINFIELD, NJ 07080

III. LOCATION OF INSTALLATION

20 HARMICH ROAD  
50 PLAINFIELD, NJ 07080

## FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

F NJ0000544510 T/A C 31 800630

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 SAME

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAME

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

2 SCHAFER GEORGE PURCH. AGENT 201-561-6008

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 QUANEX CORPORATION

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)F = FEDERAL  
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



I.D. - FOR OFFICIAL USE ONLY														
5	4	3	2	1	10	9	8	7	6	5	4	3	2	1
WNTD000544510										T/A C				
										13 14 15				

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
K062	19	20	21	22	23
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

*Robert C. Snyder*

NAME & OFFICIAL TITLE (type or print)

ROBERT C. SNYDER  
GENERAL MANAGER

DATE SIGNED

6/25/80

ap.



Please print or type with ELITE type (12 characters per inch).

GSA No. 12345-XX  
Form Approved OMB No. 158-R00XX

<b>EPA</b> U.S. ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE REPORT</b>  PLEASE PLACE LABEL IN THIS SPACE	<b>I. TYPE OF HAZARDOUS WASTE REPORT</b>	
	<b>PART A: GENERATOR ANNUAL REPORT</b>	
	THIS REPORT IS FOR THE YEAR ENDING DEC. 31. 1980	
	<b>PART B: FACILITY ANNUAL REPORT</b>	
	THIS REPORT FOR YEAR ENDING DEC. 31. 19	
	<b>PART C: UNMANIFESTED WASTE REPORT</b>	
	THIS REPORT IS FOR A WASTE RECEIVED (day, mo., & yr.) - - 19	

INSTRUCTIONS: You may have received a preprinted label attached to the front of this pamphlet; affix it in the designated space above-left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Sections II, III, and IV below blank. If you did not receive a preprinted label, complete all sections. "Installation" means a single site where hazardous waste is generated, treated, stored, or disposed of. Please refer to the specific instructions for generators or facilities before completing this form. The information requested herein is required by law (Section 3002/3004 of the Resource Conservation and Recovery Act).

**II. INSTALLATION'S EPA I.D. NUMBER**

F NJD000544510 1

**III. NAME OF INSTALLATION**

QUANEX ATLANTIC TUBE DIVISION

**IV. INSTALLATION MAILING ADDRESS**

STREET OR P.O. BOX	
320	HARMICH ROAD
CITY OR TOWN	
4	SOUTH PLAINFIELD
ST.	ZIP CODE
MJ	07080

**V. LOCATION OF INSTALLATION**

STREET OR ROUTE NUMBER	
5	
CITY OR TOWN	
6	
ST.	ZIP CODE

**VI. INSTALLATION CONTACT**

NAME (last and first)	PHONE NO. (area code & no.)
2 SCHAFER GEORGE	201-561-6000

**VII. TRANSPORTATION SERVICES USED (for Part A reports only)**

List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.

NJD-089216790

**VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)**

<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>	<b>B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)</b>
\$	\$

**IX. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

GEORGE C. SCHAFER  
A. PRINT OR TYPE NAMEGeorge C. Schafer  
B. SIGNATURE1/8/81  
C. DATE SIGNED



Please print or type with ELITE type (12 characters/line).

GSA No. 12345-XX  
Form Approved OMB No. 158-R00XX

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY			
GENERATOR ANNUAL REPORT - PART A		(Collected under the authority of Section 3002 of RCRA.)			
FOR OFFICIAL USE ONLY (Items 1 and 2)		1. DATE RECEIVED	X. GENERATOR'S EPA I.D. NO.		
		2. TYPE OF REPORT	G N J D 0 0 0 5 4 4 5 1 0		
XI. FACILITY'S EPA I.D. NO.		XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)			
S C D 0 7 0 3 7 5 9 8 5		RTE. #1-Box 55 PINEWOOD, SOUTH CAROLINA 29125			
XII. FACILITY NAME (specify)					
SCA CHEMICAL SERVICES					
XIV. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (enter code)
1	CAUSTIC CAKE	09	D002	20250	P
2	SODIUM STERATE SOAP	09	D000	26450	P
3	IRON PHOSPHATE	09	D000	40000	P
4					
5					
6					
7					
8					
9					
10					
11					
12					
XV. COMMENTS (enter information by line number - see instructions)					
LINES #1, 2, 3 - SURFACE IMPOUNDMENT (TO BE CLOSED AS LANDFILL)					

GSA No. 12345-XX  
Form Approved OMB No. 158-R00XX

Please print or type with ELITE type (12 characters/inch).

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERATOR ANNUAL REPORT - PART A (Collected under the authority of Section 3002 of RCRA.)			
FOR OFFICIAL USE ONLY (Items 1 and 2)	1. DATE RECEIVED	X. GENERATOR'S EPA I.D. NO.			
	2. TYPE OF REPORT	G W J D C C 0 5 4 4 5 1 0 1			
XI. FACILITY'S EPA I.D. NO.		XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)			
N Y D 0 4 9 8 3 6 6 7 9		1550 BALMER ROAD MODEL CITY, N.Y. 14107			
XII. FACILITY NAME (specify)					
SCA CHEMICAL SERVICES					
XIV. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HA- ZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (enter code)
1	CAUSTIC CAKE	09	D 0 0 2	42250	P
2	SODIUM STERATE SOAP	09	D 0 0 0	721550	P
3	IRON PHOSPHATE	09	D 0 0 0	40000	F
4					
5					
6					
7					
8					
9					
10					
11					
12					
XV. COMMENTS (enter information by line number - see instructions)					
LINES #1, 2, + 3 - SURFACE IMPOUNDMENT (TO BE CLOSED LANDFILL)					



GSA No. 12345-XX  
Form Approved OMB No. 158-R00XX

Please print or type with ELITE type (12 characters/inch).

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY			
GENERATOR ANNUAL REPORT - PART A		(Collected under the authority of Section 3002 of RCRA.)			
FOR OFFICIAL USE ONLY (Items 1 and 2)		1. DATE RECEIVED	X. GENERATOR'S EPA I.D. NO.		
		2. TYPE OF REPORT	GMJD0000544510		
XI. FACILITY'S EPA I.D. NO.		XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)			
NJ089216790		100 LISTER AVENUE NEWARK, N.J. 07105			
XII. FACILITY NAME (specify)					
SCA CHEMICAL SERVICES					
XIV. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (enter code)
1	SPENT SULPHURIC ACID (PICKLE TANK)	01	K062	1658800	P
2	RUST PREVENTATIVE OIL	07	D001	27300	P
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XV. COMMENTS (enter information by line number - see instructions)					
LINE #1- NEUTRALIZATION					
LINE #2- LIQUID INJECTION- INCINERATION					



Quanex Corporation  
20 Harmich Road  
South Plainfield, N.J. 07080  
(201) 561-6000



Atlantic  
Tube Division

JAN 8 3 23 PM '82  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007

January 5, 1982

*file*

United States Environmental Protection Agency  
Region II  
26 Federal Plaza  
New York, New York 10278

Gentlemen:

Attached find our Annual Report on the disposal of  
our chemicals.

Very truly yours,

*George C. Schafer*  
George C. Schafer  
Purchasing Agent

GCS/jf  
Enc: 1



Please print or type with ELITE type (12 characters per inch).

GSA No. 12345-XX  
Form Approved OMB No. 158-R00XX

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE REPORT		I. TYPE OF HAZARDOUS WASTE REPORT	
PLEASE PLACE LABEL IN THIS SPACE		PART A: GENERATOR ANNUAL REPORT	
		THIS REPORT IS FOR THE YEAR ENDING DEC. 31, 1981	
		PART B: FACILITY ANNUAL REPORT	
		THIS REPORT FOR YEAR ENDING DEC. 31, 19	
		PART C: UNMANIFESTED WASTE REPORT	
		THIS REPORT IS FOR A WASTE RECEIVED (day, mo., & yr.) - - - 19	
<b>INSTRUCTIONS:</b> You may have received a preprinted label attached to the front of this pamphlet; affix it in the designated space above-left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Sections II, III, and IV below blank. If you did not receive a preprinted label, complete all sections. "Installation" means a single site where hazardous waste is generated, treated, stored, or disposed of. Please refer to the specific instructions for generators or facilities before completing this form. The information requested herein is required by law (Section 3002/3004 of the Resource Conservation and Recovery Act).			
<b>II. INSTALLATION'S EPA I.D. NUMBER</b>			
F N J D 0 0 0 5 4 4 5 1 0 1			
<b>III. NAME OF INSTALLATION</b>			
QUANEX ATLANTIC TUBE DIVISION			
<b>IV. INSTALLATION MAILING ADDRESS</b>			
STREET OR P.O. BOX			
320 HARMICH ROAD			
CITY OR TOWN, ST. ZIP CODE			
4 SOUTH PLAINFIELD NJ 07080			
<b>V. LOCATION OF INSTALLATION</b>			
STREET OR ROUTE NUMBER			
5			
CITY OR TOWN, ST. ZIP CODE			
6			
<b>VI. INSTALLATION CONTACT</b>			
NAME (last and first) PHONE NO. (area code & no.)			
2 SCHAFER GEORGE C. 201-561-6000			
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b>			
List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.			
NJD-089216790			
<b>VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)</b>			
<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>		<b>B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)</b>	
\$		\$	
IX. CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			
GEORGE C. SCHAFER A. PRINT OR TYPE NAME		George C. Schaffer B. SIGNATURE	
		1/5/82 C. DATE SIGNED	



GSA No. 12345-XX  
Form Approved OMB No. 158-R00XX

Please print or type with ELITE type (12 characters/line).

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERATOR ANNUAL REPORT - PART A (Collected under the authority of Section 3002 of RCRA.)			
FOR OFFICIAL USE ONLY (Items 1 and 2)	1. DATE RECEIVED	19	X. GENERATOR'S EPA I.D. NO.		
	2. TYPE OF REPORT		GNJD0005445101		
XI. FACILITY'S EPA I.D. NO.		XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)			
NJDO89216790		100 LISTER AVENUE NEWARK, N.J. 07105			
XII. FACILITY NAME (specify)					
SCA CHEMICAL SERVICES					
XIV. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZ- ARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (see instructions)
1	SPENT SULPHURIC ACID (PICKLE TANK)	01	K062	2823 600	P
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XV. COMMENTS (enter information by line number - see instructions)					
LINE #1 - NEUTRALIZATION					



Please print or type with ELITE type (12 characters per inch).

GSA No. 12345-XX  
Form Approved OMB No. 158-R00XX

<b>U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE REPORT</b>	<b>I. TYPE OF HAZARDOUS WASTE REPORT</b> <b>PART A: GENERATOR ANNUAL REPORT</b> THIS REPORT IS FOR THE YEAR ENDING DEC. 31, <span style="border: 1px solid black; padding: 2px;">1981</span> <b>PART B: FACILITY ANNUAL REPORT</b> THIS REPORT FOR YEAR ENDING DEC. 31, <span style="border: 1px solid black; padding: 2px;">19</span> <b>PART C: UNMANIFESTED WASTE REPORT</b> THIS REPORT IS FOR A WASTE RECEIVED (day, mo., & yr.) <span style="border: 1px solid black; padding: 2px;">- - - 19</span>				
PLEASE PLACE LABEL IN THIS SPACE					
<b>INSTRUCTIONS:</b> You may have received a preprinted label attached to the front of this pamphlet; affix it in the designated space above-left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Sections II, III, and IV below blank. If you did not receive a preprinted label, complete all sections. "Installation" means a single site where hazardous waste is generated, treated, stored, or disposed of. Please refer to the specific instructions for generators or facilities before completing this form. The information requested herein is required by law (Section 3002/3004 of the Resource Conservation and Recovery Act).					
<b>II. INSTALLATION'S EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: flex; gap: 2px;"> <span style="border: 1px solid black; padding: 0 5px;">F</span><span style="border: 1px solid black; padding: 0 5px;">M</span><span style="border: 1px solid black; padding: 0 5px;">J</span><span style="border: 1px solid black; padding: 0 5px;">D</span><span style="border: 1px solid black; padding: 0 5px;">C</span><span style="border: 1px solid black; padding: 0 5px;">C</span><span style="border: 1px solid black; padding: 0 5px;">0</span><span style="border: 1px solid black; padding: 0 5px;">5</span><span style="border: 1px solid black; padding: 0 5px;">4</span><span style="border: 1px solid black; padding: 0 5px;">4</span><span style="border: 1px solid black; padding: 0 5px;">5</span><span style="border: 1px solid black; padding: 0 5px;">1</span><span style="border: 1px solid black; padding: 0 5px;">0</span><span style="border: 1px solid black; padding: 0 5px;">1</span> </div>					
<b>III. NAME OF INSTALLATION</b> <div style="border: 1px solid black; padding: 2px; display: flex; gap: 2px;"> <span style="border: 1px solid black; padding: 0 5px;">Q</span><span style="border: 1px solid black; padding: 0 5px;">U</span><span style="border: 1px solid black; padding: 0 5px;">A</span><span style="border: 1px solid black; padding: 0 5px;">N</span><span style="border: 1px solid black; padding: 0 5px;">E</span><span style="border: 1px solid black; padding: 0 5px;">X</span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;">A</span><span style="border: 1px solid black; padding: 0 5px;">T</span><span style="border: 1px solid black; padding: 0 5px;">L</span><span style="border: 1px solid black; padding: 0 5px;">A</span><span style="border: 1px solid black; padding: 0 5px;">N</span><span style="border: 1px solid black; padding: 0 5px;">T</span><span style="border: 1px solid black; padding: 0 5px;">I</span><span style="border: 1px solid black; padding: 0 5px;">C</span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;">T</span><span style="border: 1px solid black; padding: 0 5px;">U</span><span style="border: 1px solid black; padding: 0 5px;">B</span><span style="border: 1px solid black; padding: 0 5px;">E</span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;">D</span><span style="border: 1px solid black; padding: 0 5px;">I</span><span style="border: 1px solid black; padding: 0 5px;">V</span><span style="border: 1px solid black; padding: 0 5px;">I</span><span style="border: 1px solid black; padding: 0 5px;">S</span><span style="border: 1px solid black; padding: 0 5px;">I</span><span style="border: 1px solid black; padding: 0 5px;">O</span><span style="border: 1px solid black; padding: 0 5px;">N</span> </div>					
<b>IV. INSTALLATION MAILING ADDRESS</b> <div style="border: 1px solid black; padding: 2px;"> <b>STREET OR P.O. BOX</b>  <div style="border: 1px solid black; padding: 2px; display: flex; gap: 2px;"> <span style="border: 1px solid black; padding: 0 5px;">3</span><span style="border: 1px solid black; padding: 0 5px;">2</span><span style="border: 1px solid black; padding: 0 5px;">0</span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;">H</span><span style="border: 1px solid black; padding: 0 5px;">A</span><span style="border: 1px solid black; padding: 0 5px;">R</span><span style="border: 1px solid black; padding: 0 5px;">M</span><span style="border: 1px solid black; padding: 0 5px;">I</span><span style="border: 1px solid black; padding: 0 5px;">C</span><span style="border: 1px solid black; padding: 0 5px;">H</span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;">R</span><span style="border: 1px solid black; padding: 0 5px;">O</span><span style="border: 1px solid black; padding: 0 5px;">A</span><span style="border: 1px solid black; padding: 0 5px;">D</span> </div> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>CITY OR TOWN</b>  <div style="border: 1px solid black; padding: 2px; display: flex; gap: 2px;"> <span style="border: 1px solid black; padding: 0 5px;">4</span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;">S</span><span style="border: 1px solid black; padding: 0 5px;">O</span><span style="border: 1px solid black; padding: 0 5px;">U</span><span style="border: 1px solid black; padding: 0 5px;">T</span><span style="border: 1px solid black; padding: 0 5px;">H</span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;">P</span><span style="border: 1px solid black; padding: 0 5px;">L</span><span style="border: 1px solid black; padding: 0 5px;">A</span><span style="border: 1px solid black; padding: 0 5px;">I</span><span style="border: 1px solid black; padding: 0 5px;">N</span><span style="border: 1px solid black; padding: 0 5px;">F</span><span style="border: 1px solid black; padding: 0 5px;">I</span><span style="border: 1px solid black; padding: 0 5px;">E</span><span style="border: 1px solid black; padding: 0 5px;">L</span><span style="border: 1px solid black; padding: 0 5px;">D</span> </div> </div> <div style="width: 50%;"> <b>ST. ZIP CODE</b>  <div style="border: 1px solid black; padding: 2px; display: flex; gap: 2px;"> <span style="border: 1px solid black; padding: 0 5px;">N</span><span style="border: 1px solid black; padding: 0 5px;">J</span><span style="border: 1px solid black; padding: 0 5px;">0</span><span style="border: 1px solid black; padding: 0 5px;">7</span><span style="border: 1px solid black; padding: 0 5px;">0</span><span style="border: 1px solid black; padding: 0 5px;">8</span><span style="border: 1px solid black; padding: 0 5px;">0</span> </div> </div> </div>					
<b>V. LOCATION OF INSTALLATION</b> <div style="border: 1px solid black; padding: 2px;"> <b>STREET OR ROUTE NUMBER</b>  <div style="border: 1px solid black; padding: 2px; display: flex; gap: 2px;"> <span style="border: 1px solid black; padding: 0 5px;">5</span> </div> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>CITY OR TOWN</b>  <div style="border: 1px solid black; padding: 2px; display: flex; gap: 2px;"> <span style="border: 1px solid black; padding: 0 5px;">6</span> </div> </div> <div style="width: 50%;"> <b>ST. ZIP CODE</b>  <div style="border: 1px solid black; padding: 2px; display: flex; gap: 2px;"> <span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span> </div> </div> </div>					
<b>VI. INSTALLATION CONTACT</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 55%;"> <b>NAME (last and first)</b>  <div style="border: 1px solid black; padding: 2px; display: flex; gap: 2px;"> <span style="border: 1px solid black; padding: 0 5px;">2</span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;">S</span><span style="border: 1px solid black; padding: 0 5px;">C</span><span style="border: 1px solid black; padding: 0 5px;">H</span><span style="border: 1px solid black; padding: 0 5px;">A</span><span style="border: 1px solid black; padding: 0 5px;">F</span><span style="border: 1px solid black; padding: 0 5px;">E</span><span style="border: 1px solid black; padding: 0 5px;">R</span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;">G</span><span style="border: 1px solid black; padding: 0 5px;">E</span><span style="border: 1px solid black; padding: 0 5px;">O</span><span style="border: 1px solid black; padding: 0 5px;">R</span><span style="border: 1px solid black; padding: 0 5px;">G</span><span style="border: 1px solid black; padding: 0 5px;">E</span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;">C</span> </div> </div> <div style="width: 40%;"> <b>PHONE NO. (area code &amp; no.)</b>  <div style="border: 1px solid black; padding: 2px; display: flex; gap: 2px;"> <span style="border: 1px solid black; padding: 0 5px;">2</span><span style="border: 1px solid black; padding: 0 5px;">0</span><span style="border: 1px solid black; padding: 0 5px;">1</span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;">5</span><span style="border: 1px solid black; padding: 0 5px;">6</span><span style="border: 1px solid black; padding: 0 5px;">1</span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;">6</span><span style="border: 1px solid black; padding: 0 5px;">0</span><span style="border: 1px solid black; padding: 0 5px;">0</span><span style="border: 1px solid black; padding: 0 5px;">0</span> </div> </div> </div>					
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b> List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report. <div style="border: 1px solid black; padding: 10px; margin-top: 10px;">           NJD-089216790         </div>					
<b>VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">A. COST ESTIMATE FOR FACILITY CLOSURE</th> <th style="width: 50%; text-align: center;">B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)</th> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">\$</span> <div style="border: 1px solid black; padding: 2px; display: flex; gap: 2px;"> <span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span> </div> </div> </td> <td style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">\$</span> <div style="border: 1px solid black; padding: 2px; display: flex; gap: 2px;"> <span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span> </div> </div> </td> </tr> </table>		A. COST ESTIMATE FOR FACILITY CLOSURE	B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)	<div style="display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">\$</span> <div style="border: 1px solid black; padding: 2px; display: flex; gap: 2px;"> <span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span> </div> </div>	<div style="display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">\$</span> <div style="border: 1px solid black; padding: 2px; display: flex; gap: 2px;"> <span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span> </div> </div>
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<b>IX. CERTIFICATION</b> I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <u>GEORGE C. SCHAFER</u>            A. PRINT OR TYPE NAME         </div> <div style="width: 30%;">             B. SIGNATURE         </div> <div style="width: 30%;"> <u>1/5/82</u>            C. DATE SIGNED         </div> </div>					



GSA No. 12345-XX  
Form Approved OMB No. 158-R00XX

Please print or type with ELITE type (12 characters/inch).

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERATOR ANNUAL REPORT - PART A (Collected under the authority of Section 3002 of RCRA.)									
FOR OFFICIAL USE ONLY (Items 1 and 2)		1. DATE RECEIVED				X. GENERATOR'S EPA I.D. NO.					
		2. TYPE OF REPORT				G N J D 0 0 0 5 4 4 5 1 0				7 A C 1	
XI. FACILITY'S EPA I.D. NO.					XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)						
S C D 0 7 0 3 7 5 9 8 5					RTE #1, Box 55 PINE WOOD, SOUTH CAROLINA 29125						
XII. FACILITY NAME (specify)											
SCA CHEMICAL SERVICES											
XIV. WASTE IDENTIFICATION											
LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (enter code)						
1	CAUSTIC CAKE	09	0002	46200	P						
2	SODIUM STERATE SOAP	09	0000	56500	P						
3	IRON PHOSPHATE	09	0000	104800	P						
4											
5											
6											
7											
8											
9											
10											
11											
12											
XV. COMMENTS (enter information by line number - see instructions)											
LINES #1,2+3 - "D84" - SURFACE IMPOUNDMENT (TO BE CLOSED AS A LANDFILL)											



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

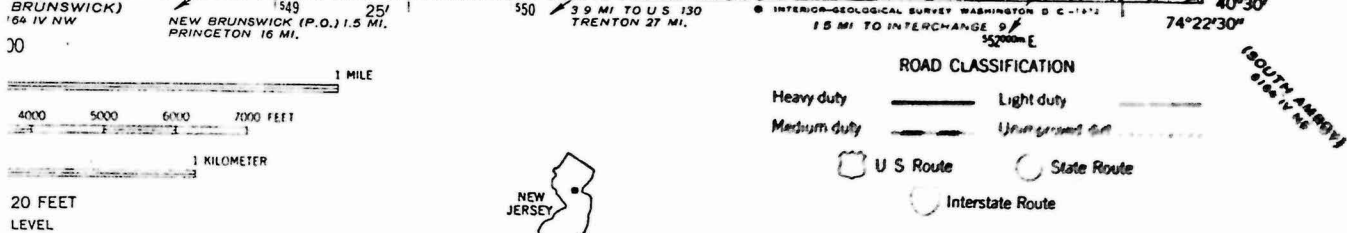
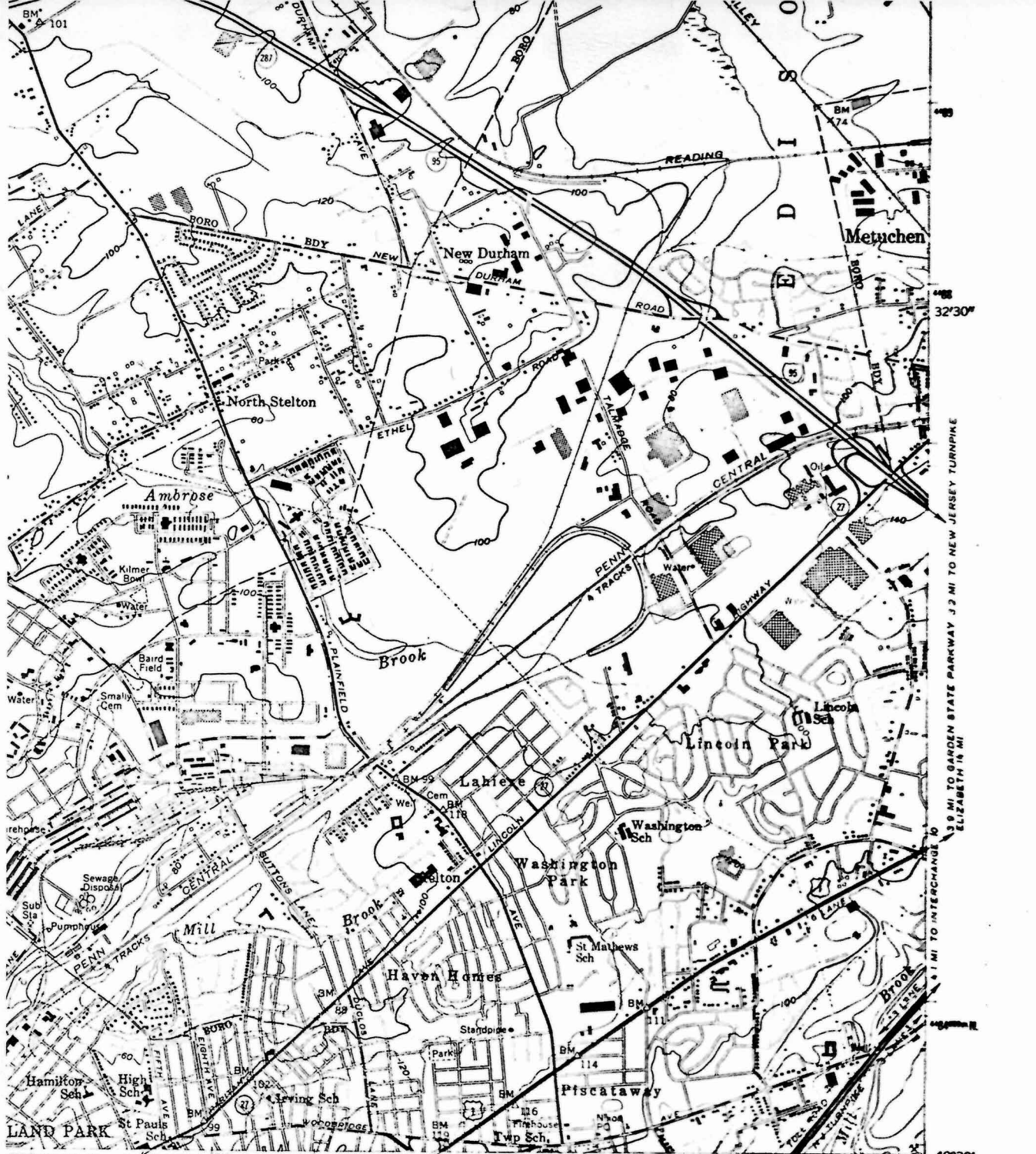
This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•WJD000544510

INSTALLATION ADDRESS

QUANEX, ATLANTIC TUBE DIVISION  
20 HARNICH ROAD  
SO PLAINFIELD, NJ 07080  
  
20 HARNICH ROAD  
SO PLAINFIELD, NJ 07080



BRUNSWICK) 164 IV NW  
NEW BRUNSWICK (P.O.) 11.5 MI.  
PRINCETON 16 MI.

3.9 MI TO U.S. 130  
TRENTON 27 MI.

INTERIOR-GEOLOGICAL SURVEY WASHINGTON D.C. 1955  
15 MI TO INTERCHANGE 9

ROAD CLASSIFICATION

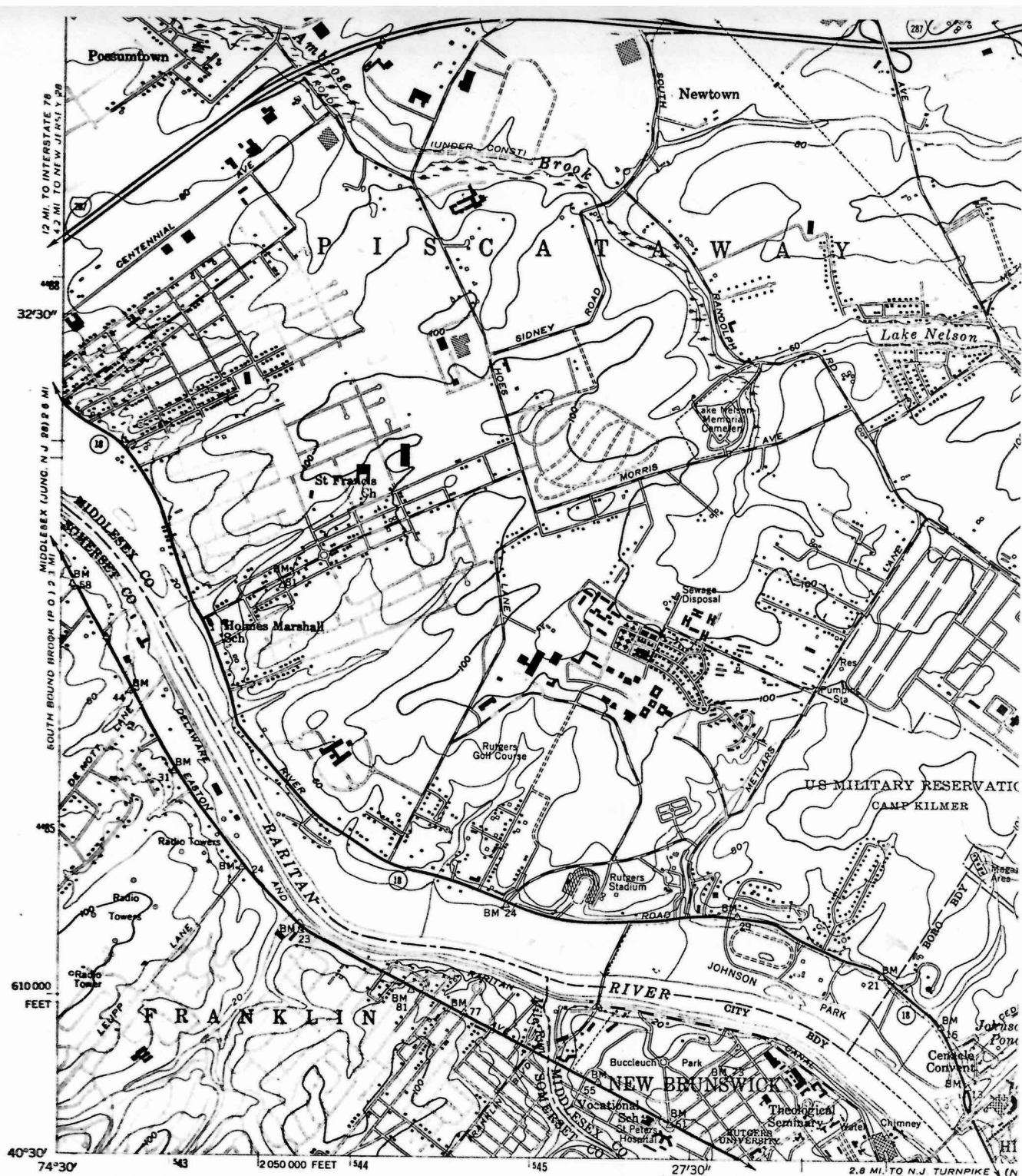
Heavy duty	Light duty
Medium duty	Unimproved dirt

U.S. Route      State Route      Interstate Route

PLAINFIELD, N. J.  
N 4030—W 7422.5/7.5

1955  
PHOTOREVISED 1970  
AMS 6165 III SW—SERIES V822





(MONMOUTH JUNCTION)  
600' / 1 MI

Mapped by the Army Map Service  
 Edited and published by the Geological Survey  
 Control by USC&GS and New Jersey Geodetic Survey  
 Topography from aerial photographs by photogrammetric methods. Aerial photographs taken 1942 and 1943  
 Field check 1943. Culture revised by the Geological Survey 1955  
 Polyconic projection. 1927 North American datum  
 10,000-foot grid based on New Jersey coordinate system  
 Red tint indicates areas in which only landmark buildings are shown  
 1000-meter Universal Transverse Mercator grid ticks, zone 18, shown in blue

Revisions shown in purple compiled by the Geological Survey from aerial photographs taken 1970. This information not field checked  
 Purple tint indicates extension of urban areas

UTM GRID AND 1970 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

11° 19' 196 MILS  
 0° 22' 7 MILS

SCALE 1:100,000

CONTOUR INTERVAL  
 DATUM IS MEAN

THIS MAP COMPLIES WITH NATIONAL MAP ACT  
 FOR SALE BY U.S. GEOLOGICAL SURVEY  
 A FOLDER DESCRIBING TOPOGRAPHIC MAPS A





STATES  
OF THE ARMY  
ENGINEERS

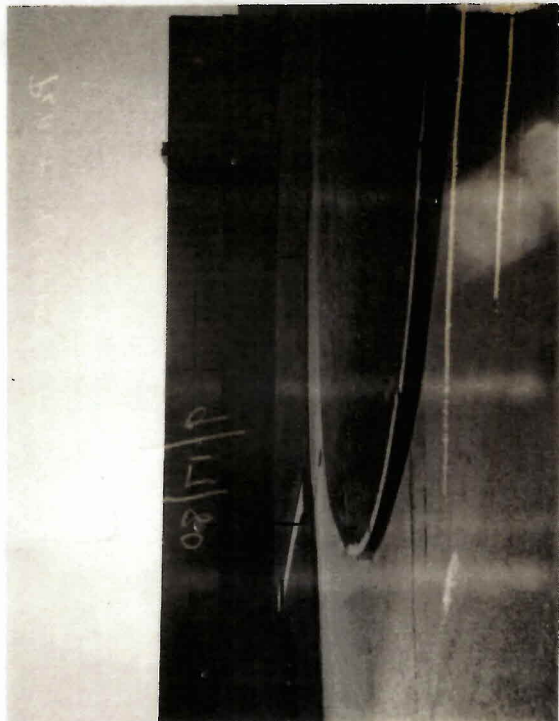
PLAINFIELD QUADRANGLE  
NEW JERSEY  
7.5 MINUTE SERIES (TOPOGRAPHIC)

1:50,000  
(ROSELLE)



PLANT  
LONG. 74° 23' 55"  
LAT. 40° 34' 10"  
DRUM STORAGE  
(SEE ATTCHD. PRINT)  
LAND USE IN AREA  
INDUSTRIAL





PLANT-FRONT + RIGHT SIDE

9/17/80

1 9 0 3 5 4 1

PLANT + OFFICE - FRONT VIEW

9/17/80

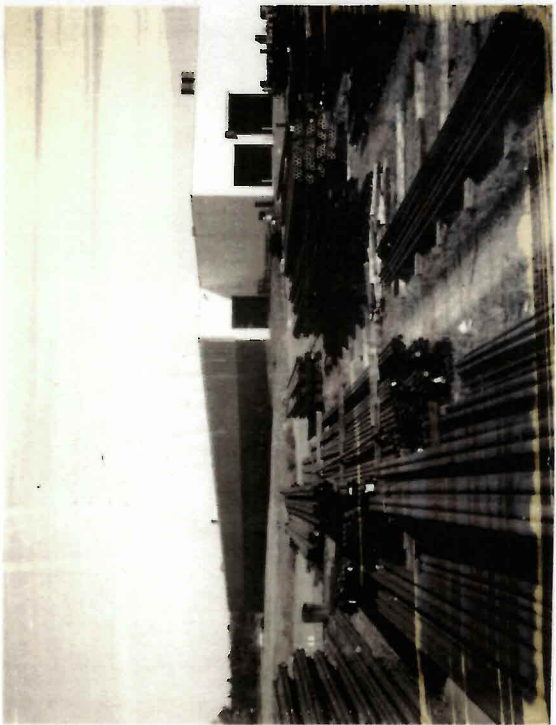
PLANT-FRONT + COMPLETE RIGHT SIDE

9/17/80

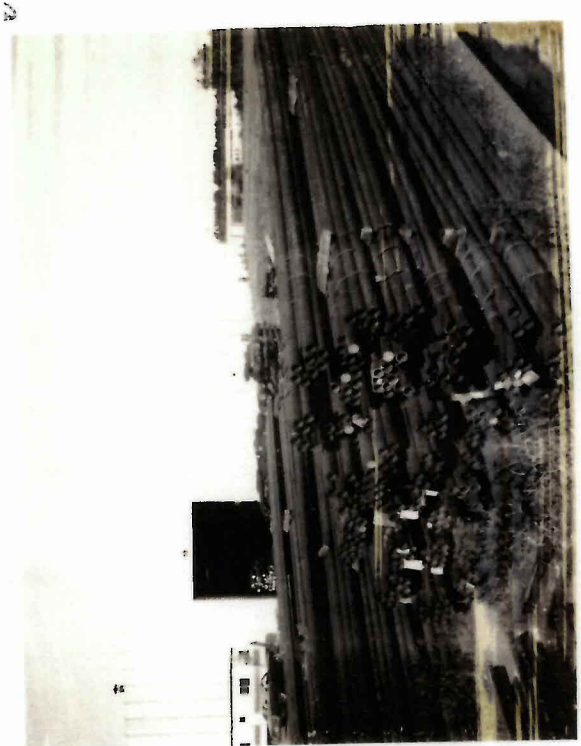
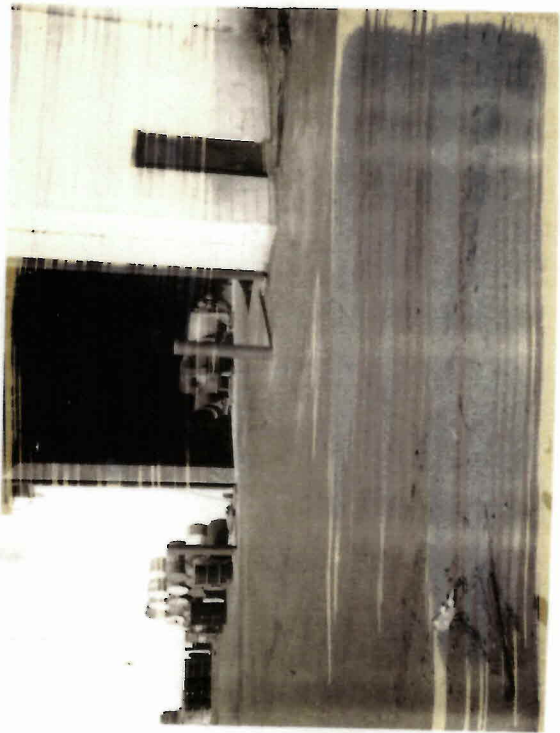
1 9 0 3 5 4 1

PLANT-FRONT - LEFT SIDE OF BLDG.

9/17/80



8



2

STORAGE BLDG. BACK + LEFT SIDE

9/18/80

1 4 5 6 0 6 1

STORAGE BLDG. (PIPE + TUBE ONLY)  
FRONT + RIGHT SIDE

9/17/80

PLANT-LEFT REAR + SIDE. (PARTIAL)  
EMPTY DRUM STORAGE

9/18/80

1 4 5 6 0 6 1

PLANT-RIGHT SIDE + PARTIAL REAR

9/18/80





PLANT - LEFT REAR - PARTIAL  
DRUMS WAITING FOR SHIPMENT  
TO BURIAL AREA.

9/18/80

Atlantic Tube Division  
Quanex Corporation  
20 Harmich Road  
South Plainfield, N.J. 07080  
(201) 561-6000



Atlantic  
Tube Division

QUANEX CORPORATION  
Corporate Headquarters  
4801 Woodway, Suite 280 West  
Houston, Texas 77056

---

Corporate Officers

---

Carl E. Pfeiffer	President & Chief Executive Officer
F. James Farquhar	Executive Vice President
Harold Bond	Vice President
Randolph B. Hancock	Vice President - Sales
Robert V. Kelly, Jr.	Vice President
Robert L. O'Shieles	Vice President
M. Victor Walberg	Vice President
Kenneth E. Stone	Vice President - Finance
Robert L. Mitchell	Controller
Gary L. Hellner	Treasurer
James D. Tracy	Secretary
James W. Collier	Assistant Secretary
William J. Robertson	Assistant Secretary



NJD0000544510

DEC 7 1982

Mr. George C. Schafer  
Purchasing Agent  
Quanex Atlantic Tube Division  
20 Harwick Road  
South Plainfield, N.J. 07080

Subject: RCRA Status of Quanex Atlantic  
Tube Division, EPA I.D. No. NJD000544510

Dear Mr. Schafer:

By letter of June 21, 1982 you requested that your company be deleted from our records as a treatment, storage and disposal ("TSD") facility and reclassified as a small quantity generator under the Resource Conservation and Recovery Act ("RCRA"). To be deleted as a TSD facility you must address the activities which you listed on your Part A Permit Application. If you no longer treat or dispose of hazardous wastes at your facility and do not store wastes for periods exceeding 90 days, resubmit your request and the change can be made.

In order to be considered a small quantity generator a company must produce less than 1,000 kilograms (approximately 2,200 lbs.) of waste in a calendar month. In the aforementioned letter you state that wastes are accumulated in quantities up to 40,000 lbs., clearly exceeding the RCRA limits. Therefore you cannot be classified as a small quantity generator.

Should you have any questions on this matter, contact John Hajduk of my staff at (212) 264-9880.

Sincerely yours,

Richard A. Baker  
Chief  
Permits Administration Branch  
Office of Policy & Management

2PM-PA:HAJDUK:X9880:av:12/3/82

2PM-PA  
HAJDUK

2PM-PA  
TACONE

2PM-PA  
ZAMBRATTO

2PM-PA  
BAKER

gll 12/6



Quanex Corporation  
20 Harmich Road  
South Plainfield, N.J. 07080  
(201) 561-6000



Atlantic  
Tube Division

June 21, 1982

Dr. Richard Baker  
Chief of Permits Administration Branch  
United States Environmental Protection Agency  
Region 11  
26 Federal Plaza  
New York, New York 10278

Re: EPA I.D.#NJD-000544510

Dear Dr. Baker;

With reference to the attached letter to Mr. Stoller re: "Financial and Liability Requirements" for disposal facilities; I believe that a possible error was made on our original permit application. We are actually a steel redraw tube mill and a small generator. As we accumulate the chemicals we store them in approved containers only until we have a truck load (40,000 lbs.), then have them disposed of by SCA Chemical Services according to Federal and State regulations.

Would you please amend our permit to "Generator" rather than "Treatment Facility".

If you require further information, please contact me at (201) 561-6000 - Extension 287.

Sincerely yours,

*George C. Schafer*  
George C. Schafer,  
Purchasing Agent

GCS/mmg  
Attachment

*#TSD  
listed as treaters  
disposers as well as storers on Part A*

*PAB*  
JUN 22 4 00 PM '82  
ENVIRONMENTAL AGENCY  
NEW YORK, N.Y. 10007

Quanex Corporation  
20 Harmich Road  
South Plainfield, N.J. 07080  
(201) 561-6000



Atlantic  
Tube Division

June 21, 1982

JUN 22 4 00 PM '82  
ENVIRONMENTAL PROTECTION AGENCY  
NEW YORK, N.Y. 10007

Mr. Kenneth S. Stoller, P.E.  
Acting Director, Air & Water Management Div.  
United States Environmental Protection Agency  
Region 11  
26 Federal Plaza  
New York, New York 10278

Re: EPA I.D.#NJD-000544510

Dear Mr. Stoller;

With reference to your form letter re: "Financial and Liability Requirements for Hazardous Waste Treatment, Storage and Disposal Facilities" received on this date, we are listed as an owner or operator of such a facility.

I believe that an error has been made in our listing in as much as we are actually a steel production plant and a small generator. For your information we store our waste products in approved containers only until we have a truck load (40,000 lbs.), at which time we have SCA Chemical Services remove, transport and dispose of the waste products according to all Federal and State regulations.

Therefore, I believe that as a small generator we are exempt from filing the financial and liability requirements requested in your letter.

I am also applying to Dr. Richard Baker, Chief of Permits Administration Branch to amend our application to read "Small Generator".

If you require further information, please contact me at  
(201) 561-6000 - Extension 287.

Sincerely yours,

*George C. Schafer*  
George C. Schafer,  
Purchasing Agent

GCS/mmng





## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

NJD-000 544510

Re: Financial and Liability Requirements for Hazardous Waste Treatment,  
Storage and Disposal Facilities

Dear Sir/Madam:

As you may be aware, the U.S. Environmental Protection Agency promulgated financial requirements (effective July 6, 1982) pursuant to Subtitle C of the Resource Conservation and Recovery Act (RCRA). The Agency also promulgated liability requirements (effective July 15, 1982) pursuant to Subtitle C of RCRA. These regulations apply to owners or operators of hazardous waste treatment, storage and disposal (TSD) facilities. Pursuant to a Notification and Part A application previously filed, you are presently the owner or operator of such a facility.

The regulations governing financial requirements are found at Title 40, Code of Federal Regulations (CFR), Sections 265.140 to 265.150. (47 Federal Register 15032, April 7, 1982.) All owners or operators of hazardous waste treatment, storage or disposal facilities must estimate the costs of closure of their facilities and obtain financial assurance of the ability to meet those costs. In addition, owners or operators of disposal facilities must estimate the costs of post-closure care of their facilities and obtain financial assurance for those costs. These requirements must be met as specified in 40 CFR §§265.142, 265.143 and 265.144. You must submit to this office by July 6, 1982, appropriate information that demonstrates your financial ability to close and care for your facility, as specified in these regulations.

A facility which is located in a State which has hazardous waste regulations that include requirements for financial assurance of closure or post-closure care may use State-required financial mechanisms if they are equivalent to 40 CFR Part 265.143. The Regional Administrator will determine whether the State mechanisms are equivalent to Federal mechanisms. Federal mechanisms include a trust fund, a letter of credit, a surety bond, a financial test, or an insurance policy. (Municipalities may not use the financial test because the Agency was unable to develop a set of financial indicators that would be suitable for municipalities in general.) Further, there is no exemption from the requirement for facilities with small closure cost estimates, because a small cost does not indicate a small risk of damage.

The regulations governing liability requirements are found at Title 40, Code of Federal Regulations (CFR), Section 265.147. (47 Federal Register 16544, April 16, 1982.) All owners or operators of hazardous waste treatment, storage or disposal facilities must demonstrate that they have liability insurance for sudden accidental occurrences at their facilities. In addition, owners or

operators of a landfill, surface impoundment, or land treatment facility must demonstrate that they have liability insurance for nonsudden accidental occurrences at their facilities. Either an insurance policy or a financial test may be used to demonstrate third party liability coverage. You must submit to this office by July 15, 1982, the appropriate documentation for liability coverage as specified in 40 CFR §265.147.

The financial assurance and liability requirements set forth above apply to hazardous waste TSD facilities. Should you determine that you do not meet the definition of such a facility, or that your original permit application was in error, you should amend or withdraw that application. To do so, call Dr. Richard Baker, Chief of our Permits Administration Branch, at (212) 264-9881.

Please note that your State may have additional, or more stringent financial responsibility requirements. In order to determine what State regulations may apply to your facility, you should contact the appropriate individual listed at the end of this letter.

If you have any questions about EPA's financial requirements, you should contact Helen S. Beggun at (212) 264-9860. Please include your EPA I.D. No. with any correspondence or submittal in response to this letter.

Sincerely yours,



Kenneth S. Stoller, P.E.  
Acting Director  
Air & Waste Management Division

Enclosure - Regulations

For questions about State laws and regulations call:

In New Jersey: Mark McQuerrey, (609) 292-9120  
In New York: Norman Nosenchuck, (518) 457-6603  
In Puerto Rico: Luis de la Cruz, (809) 725-8992  
In the U.S. Virgin Islands: Joel Golumbek, (212) 264-7309





State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT

32 E. Hanover St., CN 027, Trenton, N.J. 08625

JACK STANTON  
DIRECTOR

March 7, 1983

LINO F. PEREIRA  
DEPUTY DIRECTOR

George Schafer  
Quanex Atlantic Tube Division  
20 Harmich Road  
South Plainfield, New Jersey 07088

RE: Hazardous Waste TSD facility status of Quanex Atlantic  
Tube Division, South Plainfield, EPA ID #NJD000544510

Dear Mr. Schafer:

This letter will serve as a confirmation of your telephone conversation of March 4, 1983 with Mr. Ernest Kuhlwein of my staff concerning the hazardous waste facility operating status of your company. In your telephone conversation, you stated that Quanex stores all of its hazardous waste in containers and ships the same off-site within ninety (90) days of the initial date of generation. You also stated that the S02 (tank storage) process filed for in your RCRA Part A application applies to your company's pickling solution tanks.

As understood by this office, said tanks are actually part of your company's manufacturing process, as such pickling solutions are repeatedly re-used, and when the pickling solution becomes spent, it is pumped directly from these tanks into an authorized hauler's tanker truck, which then transports the waste to an authorized off-site facility for treatment.

Under such circumstances, this Bureau concludes that these tanks are not per se waste storage tanks, and were inappropriately listed in your company's Part A application. Therefore, we are amending our records on your company's hazardous waste TSD activity to reflect only S01 (container storage). As was noted in my letter to your company dated March 3, 1983, your company's S01 activity has been exempted from regulation as a TSD facility, and is subject to regulation as a generator only, provided compliance with the provisions of N.J.A.C. 7:26-9.3 is maintained.

EPA

Tim - delete TSD  
status, maintain  
generator status.

JH  
HWNMS  
3/24/83

Delete TSD  
due to no  
S01 &  
S02

Mr. George Schafer  
Quanex Atlantic Tube Division  
Page 2

March 7, 1983

If I have misinterpreted any part of your conversation with Mr. Kulhwein, please do not hesitate to contact me.

Very truly yours,

  
Frank Coolick, Chief  
Bureau of Hazardous  
Waste Engineering

FC:EK:jb

cc Joel Golumbek  
USEPA - Region II





State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT

32 E. Hanover St., CN 027, Trenton, N.J. 08625

JACK STANTON  
DIRECTOR

LINO F. PEREIRA  
DEPUTY DIRECTOR

03 MAR 1983

Quanex Atlantic Tube Division  
20 Harmich Road  
South Plainfield, NJ 07088

RE: Facility Operating Status

Dear Sir:

8H  
HWDMS  
3/10/83

The Bureau of Hazardous Waste Engineering has reviewed your company's response to the Notice of Violation, Failure to Submit Annual Report. The Bureau finds that the response contains adequate information to determine the operating status of this facility with respect to N.J.A.C. 7:26-1 et seq., the New Jersey Hazardous Waste Management Regulations. The Bureau has determined that the company's hazardous waste treatment, storage or disposal facility as delineated in the company's RCRA Part A application and identified by the following EPA ID Number:

EPA ID NO. NJD000544510

has been excluded from regulations under N.J.A.C. 7:26-1.1 et seq. because your facility accumulates hazardous waste on-site for less than 90 days. This exclusion classifies your facility solely as a generator provided the following conditions are complied with:

1. All such waste is, within 90 days or less, shipped off-site to an authorized facility or placed in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4.
2. The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).
3. The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.
4. The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g) concerning personnel training.

*New Jersey Is An Equal Opportunity Employer*

5. For bulk accumulation of dry hazardous waste materials, the waste pile is managed according to the following:
- (i) The waste pile is no larger than 200 cubic yards; and
  - (ii) The pile shall be placed on an impermeable base that is compatible with the waste; and
  - (iii) Run-on shall be diverted away from the pile; and
  - (iv) Any leachate and run-off from the pile must be collected and managed as a hazardous waste.

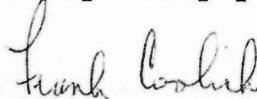
This written acknowledgement of the exclusion of the above identified facility from N.J.A.C. 7:26-1 et seq. is based expressly on the review of the aforementioned correspondence. This letter makes no claim as to the extent and physical condition of the actual hazardous waste activities occurring at the site mentioned above.

Your company's hazardous waste facility above is no longer included in DEP's list of "existing facilities" (see N.J.A.C. 7:26-1.4 and 12.3) and therefore does not need to conform with the interim operating requirements of N.J.A.C. 7:26-1 et seq. for "existing facilities" which would include the TSD facility annual report. It is the company's responsibility to operate within the conditions listed above. To operate a hazardous waste facility without prior approval from the DEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E-1 et seq.

As a result of the conclusions previously made, the Notice of Violation entitled "Failure to Submit Annual Report" signed by Mr. David Shotwell is rescinded and need not be complied with.

If you have any questions on this matter, please call my office at (609) 292-9880.

Very truly yours,



Frank Coolick, Chief  
Bureau of Hazardous Waste Engineering

FC:jb

cc Dave Shotwell  
NJDEP, Division of Waste Management

Tom Taccone  
USEPA, Region II



Quanex Corporation  
20 Harmich Road  
South Plainfield, N.J. 07080  
(201) 561-6000

RECEIVED  
JAN 17 2 27 PM '83  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007



Atlantic  
Tube Division

January 14, 1983

NSD000544510

United States Environmental Protection Agency  
Region II  
26 Federal Plaza  
New York, New York 10278

Gentlemen:

Attached find our Annual Report (1982) for the disposal of  
our chemicals.

Very truly yours,

QUANEX/ATLANTIC TUBE DIVISION

A handwritten signature in blue ink that reads 'George C. Schafer'.

George C. Schafer  
Purchasing Agent

GCS/jf

Attach: 1







Please print or type with ELITE type (12 characters/inch).

GSA No. 12345-XX

Form Approved OMB No. 158-R00XX

U.S. ENVIRONMENTAL PROTECTION AGENCY  
GENERATOR ANNUAL REPORT - PART A  
(Collected under the authority of Section 3002 of RCRA.)

FOR OFFICIAL USE ONLY (Items 1 and 2)	1. DATE RECEIVED	-	-	1	9	X. GENERATOR'S EPA I.D. NO.											
	2. TYPE OF REPORT					G	N	J	D	0	0	0	5	4	5	1	0
XI. FACILITY'S EPA I.D. NO.		XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)															
NJDC89216790		100 LISTER AVENUE NEWARK, N.J. 07105															
XII. FACILITY NAME (specify)		SCA CHEMICAL SERVICES															

LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HA- ZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)												D. AMOUNT OF WASTE				E. UNIT OF MEASURE (enter code)
			28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	
1	SPENT SULPHURIC ACID (PICKLE TANK)	01																2002000	P
2	RUST PREVENTATIVE OIL	07																5460	
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			

XV. COMMENTS (enter information by line number - see instructions)

LINE #1 - NEUTRALIZATION

LINE #2 - LIQUID INJECTION - INCINERATION



Please print or type with ELITE type (12 characters/inch).

GSA No. 12345-XX

Form Approved OMB No. 158-R00XX

U.S. ENVIRONMENTAL PROTECTION AGENCY  
GENERATOR ANNUAL REPORT - PART A  
(Collected under the authority of Section 3002 of RCRA.)

FOR OFFICIAL USE ONLY (Items 1 and 2)	1. DATE RECEIVED	-	-	1	9	X. GENERATOR'S EPA I.D. NO.
	2. TYPE OF REPORT	G				NJD000544510
XI. FACILITY'S EPA I.D. NO.		SCD070375985				
XII. FACILITY NAME (specify)		RTE #1-Box 55 PINE WOOD, SOUTH CAROLINA, 29125				
XIV. WASTE IDENTIFICATION						

LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZ- ARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (enter code)
1	CAUSTIC CAKE	09	D002	15000	P
2	SODIUM STERATE SOAP	09	D000	15000	P
3	IRON PHOSPHATE	09	D000	46500	P
4					
5					
6					
7					
8					
9					
10					
11					
12					

XV. COMMENTS (enter information by line number - see instructions)

LINES #1,2+3-(D-84) SURFACE IMPOUNDMENT  
(TO BE CLOSED AS A LANDFILL)



# Certificate of Insurance



THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.  
THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

<b>NAME AND ADDRESS OF AGENCY</b> FRANK B. HALL & CO. OF MICHIGAN 200 Renaissance Center, Suite 3200 Detroit, Michigan 48243 Mailing Address: P. O. Box 260-A Detroit, Michigan 48232	<b>COMPANIES AFFORDING COVERAGES</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">                     GRANTS ADMINISTRATION                      REGION II                 </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">COMPANY LETTER</div> <div style="width: 85%;"> <b>A</b> The Home Insurance Company                      Sep 7 1 45 PM '82                 </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">COMPANY LETTER</div> <div style="width: 85%;"> <b>B</b> National Union Fire Insurance Co.                      ENVIRONMENTAL PROTECTION                      NEW YORK, NEW YORK 10007                 </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">COMPANY LETTER</div> <div style="width: 85%;"><b>C</b></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">COMPANY LETTER</div> <div style="width: 85%;"><b>D</b></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">COMPANY LETTER</div> <div style="width: 85%;"><b>E</b></div> </div>
<b>NAME AND ADDRESS OF INSURED</b> Quanex Corporation, et al. Atlantic Tube Division 20 Harmick Road South Plainfield, New Jersey 07080	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	<b>GENERAL LIABILITY</b>					
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM	GA 99-67-71	12-31-82	BODILY INJURY	\$	\$
	<input type="checkbox"/> PREMISES—OPERATIONS	(Texas)		PROPERTY DAMAGE	\$	\$
	<input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD					
	<input type="checkbox"/> UNDERGROUND HAZARD	GL 99-40-88	12-31-82	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$1,000	\$1,000
	<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD	(All Other)				
	<input type="checkbox"/> CONTRACTUAL INSURANCE					
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE					
	<input type="checkbox"/> INDEPENDENT CONTRACTORS					
	<input type="checkbox"/> PERSONAL INJURY			PERSONAL INJURY		\$
	<b>AUTOMOBILE LIABILITY</b>					
	<input type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY (EACH PERSON)	\$	
	<input type="checkbox"/> OWNED			BODILY INJURY (EACH ACCIDENT)	\$	
	<input type="checkbox"/> HIRED			PROPERTY DAMAGE	\$	
	<input type="checkbox"/> NON-OWNED			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
B	<b>EXCESS LIABILITY</b>	BE 133-16-63	12-31-82	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$1,000	\$1,000
	<input checked="" type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	<b>WORKERS' COMPENSATION and EMPLOYERS' LIABILITY</b>			STATUTORY		
	<b>OTHER</b>				\$	(EACH ACCIDENT)

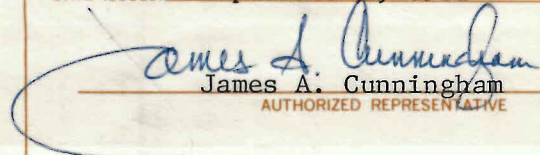
**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES**

It is hereby agreed and understood that this certificate is issued to comply with the Federal Regulations regarding sudden and accidental pollution.

**Cancellation:** Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 60 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

**NAME AND ADDRESS OF CERTIFICATE HOLDER:**  
 Environmental Protection Agency  
 Region 2  
 26 Federal Plaza  
 New York, New York 10007  
 Attn: Helen S. Beggun

**DATE ISSUED:** September 1, 1982

  
 James A. Cunningham  
 AUTHORIZED REPRESENTATIVE



HAZARDOUS WASTE FACILITY  
CERTIFICATE OF LIABILITY INSURANCE

1. The Home Insurance Company, P. O. Box 6509, Grand Rapids, Michigan 49506 and National Union Fire Insurance Company, P. O. Box 5058, Southfield, Michigan 48075, [the "Insurers"], hereby certify that they have issued Liability insurance covering Bodily Injury and Property Damage to Quanex Corporation, et al., (the "Insured"), of 4801 Woodway, Houston, Texas 77056, in connection with the Insured's obligation to demonstrate financial responsibility under 40 CFR 284.147 or 285.147. The coverage applies at EPA NJD000544510, Atlantic Tube Division, 20 Harmick Road, South Plainfield, New Jersey 07080 for sudden accidental occurrences. The limits of liability are \$1,000,000 each occurrence and \$2,000,000 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy numbers (see attached), issued on December 31, 1981. The expiration date of said policies are December 31, 1982.
2. The Insurers further certify the following with respect to the insurance described in Paragraph 1:
  - (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
  - (b) The Insurers are liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurers. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 284.147(f) or 285.147(f).
  - (c) Whenever requested by a Regional Administrator of the U. S. Environmental Protection Agency (EPA), the Insurers agree to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
  - (d) Cancellation of the insurance, whether by the Insurers or the Insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
  - (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.



HAZARDOUS WASTE FACILITY  
CERTIFICATE OF LIABILITY INSURANCE

- Continued -

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 284.151(j) as such regulation was constituted on the date first above written, and that the Insurers are licensed to transact the business of insurance, or eligible to provide insurance as an Excess or Surplus Lines Insurer, in one or more States.

The Home Insurance Company  
National Union Fire Insurance Company  
James A. Cunningham *James A. Cunningham*  
Authorized Representative of The Home Insurance Company  
and National Union Fire Insurance Company  
Frank B. Hall & Co. of Michigan  
P. O. Box 260-A  
Detroit, Michigan 48232

<b>FORM 1</b> <b>GENERAL</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)		<b>I. EPA I.D. NUMBER</b> F W J D 0 0 0 5 4 4 5 1 0 3 D	
<b>LABEL ITEMS</b>		<b>PLEASE PLACE LABEL IN THIS SPACE</b>		<b>GENERAL INSTRUCTIONS</b>	
<b>I. EPA I.D. NUMBER</b>				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
<b>III. FACILITY NAME</b>					
<b>V. FACILITY MAILING ADDRESS</b>					
<b>VI. FACILITY LOCATION</b>					

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1	SKIP	QUANEX ATLANTIC TUBE DIVISION
---	------	-------------------------------

**IV. FACILITY CONTACT**

<b>A. NAME &amp; TITLE (last, first, &amp; title)</b>		<b>B. PHONE (area code &amp; no.)</b>	
2	SCHAFER GEORGE PURCH. AGENT	201	561 6000

**V. FACILITY MAILING ADDRESS**

<b>A. STREET OR P.O. BOX</b>		<b>B. CITY OR TOWN</b>		<b>C. STATE</b>	<b>D. ZIP CODE</b>
3	20 HARMICH ROAD	4	SOUTH PLAINFIELD	NJ	07080

**VI. FACILITY LOCATION**

<b>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</b>				<b>D. STATE</b>	<b>E. ZIP CODE</b>	<b>F. COUNTY CODE (if known)</b>
5	20 HARMICH ROAD			NJ	07080	
<b>B. COUNTY NAME</b>						
MIDDLESEX						
<b>C. CITY OR TOWN</b>						
6	SOUTH PLAINFIELD					



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND														
C	7	3	3	1	7	(specify)					C	7	(specify)											
15	16	17	18	19	STEEL PIPE AND TUBES										15	16	17	18	19					
C. THIRD										D. FOURTH														
C	7	(specify)									C	7	(specify)											
15	16	17	18	19											15	16	17	18	19					

## VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?											
C	8	QUANEX CORPORATION																																																<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66											
15	16																																																												
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																															
F = FEDERAL										M = PUBLIC (other than federal or state)										P (specify)										C	A	7	1	3	9	6	1	4	6	0	0																				
S = STATE										O = OTHER (specify)																				15	16	17	18	19	20	21	22	23	24	25																					
P = PRIVATE																																																													
E. STREET OR P.O. BOX																																																													
4801 WOODWAY SUITE 280 WEST																																																													
26																															55																														
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND																															
C	B	HOUSTON															TX					77056					Is the facility located on Indian lands?																																		
15	16																40					41 42 43 44 45 46 47 48 49 50					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52																																		

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																
C	T	I													C	T	I														
9	N														9	P															
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																
C	T	I													C	T	I														
9	U														9			NJ 15426													
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	(specify) AIR POLLUTION CONTROL															
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																
C	T	I													C	T	I														
9	R														9																
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	(specify)															

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. F9: 50

## XII. NATURE OF BUSINESS (provide a brief description)

REDRAW STANDARD SIZE PIPE AND TUBE TO CUSTOMER'S SPECIFICATIONS  
AS TO O.D., I.D., WALL THICKNESS AND LENGTH

F9: 51

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																				B. SIGNATURE																				C. DATE SIGNED									
DANN E. CAPPEL																				Dann E. Cappel																				9/22/80									
GENERAL MANAGER																																																	

## COMMENTS FOR OFFICIAL USE ONLY

C																																								
15	16																																							







**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

SO1- STORE SLUDGE IN APPROVED 55 GAL. DRUMS. WHEN TRUCKLOAD OF DRUMS IS ACCUMULATED THEY ARE THEN PROPERLY AND LEGALLY SENT TO AN APPROVED DUMP AREA FOR BURIAL OR INCINERATION.

SO2- SPENT SULPHURIC ACID. DISPOSED OF BY NEUTRALIZATION AT AN APPROVED FACILITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
W NJD000544510 31													W DUP 32 DUP														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																							
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))															
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
1	K062	2,835,000	000	P																							
2	D001	34,320	000	P																							
3	D002	27,000	000	P																							
4	D000	72,000	000	P																							
5																											
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**IV. DESCRIPTION OF HAZARDOUS WASTES (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)															
S	F	N	J	D	0	0	0	5	4	4	5	1	0	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

F6:  $\frac{A}{55}$ F6:  $\frac{A}{56}$ **V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

40 34 10 0

LONGITUDE (degrees, minutes, &amp; seconds)

074 23 55 0

**VIII. FACILITY OWNER**☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER												2. PHONE NO. (area code & no.)											
3. STREET OR P.O. BOX												4. CITY OR TOWN											
5. ST.												6. ZIP CODE											

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) HAROLD BOND VICE. PRESIDENT, QUANEX CORP	B. SIGNATURE <i>Harold Bond</i>	C. DATE SIGNED 10/6/80
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**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) DAHN E. CAPPEL GENERAL MANAGER	B. SIGNATURE <i>Dahn E. Cappel</i>	C. DATE SIGNED 9/22/80
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Scale 1" = 100 FT.

